24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)		
Human Rights Campaign Equality Votes	FEC IDENTIFICATION NUMBER ▼	
	C C00508440	
Check if 24-hour report X 48-hour report New report Amends report	ort filed on	
Full Name of Payee	Data of Bublic Distribution/Discouringtion	
Human Rights Campaign	Date of Public Distribution/Dissemination	
Moiling Address	08 01 2016	
Mailing Address 1640 Rhode Island Ave NW	Amount	
City State Zip Code	3400.00	
Washington DC 20036	Transaction ID : D630857	
Purpose of Expenditure	Date of Disbursement or Obligation	
Website videos Category/ Type	08 / 01 / 2016	
Name of Federal Candidate Support	Office Sought: House District:00	
Hillary Rodham Clinton Oppose	President Senate State:	
Calendar Year-To-Date	Disbursement For: Primary General 2016	
Per Election for Office Sought 42009.85	Other (specify)	
Full Name of Payee RR Donnelly	Date of Public Distribution/Dissemination	
Tax Bornery	08 01 2016	
Mailing Address P.O. Box 730216	Amount	
City State Zip Code	174.36	
Dallas TX 75373	Transaction ID : D630886 Date of Disbursement or Obligation	
Purpose of Expenditure Magazine article - printing Category/	08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Туре		
Name of Federal Candidate Support	Office Sought: House District: 00	
Hillary Rodham Clinton Oppose	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought 42009.85	Disbursement For: Primary General	
Per Election for Office Sought 42009.85	Other (specify) ▶	
(a) CUPTOTAL of the winest bedeen about Formar Phone		
(a) SUBTOTAL of Itemized Independent Expenditures	3574.36	
(b) SUBTOTAL of Unitemized Independent Expenditures	. •	
	7 7	
(c) TOTAL Independent Expenditures	· ·	
Under penalty of perjury I certify that the independent expenditures reported herein were	not made in cooperation, consultation, or concert	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
, , , , , , , , , , , , , , , , , , ,		
Mr. James Rinefierd [Electronically Filed] Date	9 08 16 2016	
Signature	2010	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) Human Pights Campaign Equality Votos			
Human Rights Campaign Equality Votes	C C00508440		
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y		
	te of Public Distribution/Dissemination		
RR Donnelly	08 01 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address P.O. Box 730216	nount		
City State Zip Code	523.10		
	ansaction ID : D630887 te of Disbursement or Obligation		
Purpose of Expenditure Magazine article - printing Category/ Type	08		
Name of Federal Candidate Support Office Sou	ught: House District: 00		
Donald J. Trump	sident Senate State:		
Calendar Year-To-Date Per Election for Office Sought Disbursem 2016			
	Other (specify)		
Full Name of Payee Doyle Printing & Offset	te of Public Distribution/Dissemination		
Mailing Address 5206 46th Ave	08 01 2016 nount		
City State Zip Code	33.41		
	nsaction ID : D630888 te of Disbursement or Obligation		
Purpose of Expenditure Magazine article - printing Category/ Type	08 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Support Office Sou	ught: House District: 00		
Hillary Rodham Clinton Oppose Pres			
Calendar Year-To-Date Per Election for Office Sought Disbursem 2016	nent For:		
(a) SUBTOTAL of Itemized Independent Expenditures	556.51		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mr. James Rinefierd [Electronically Filed] Date 08	16 2016		
Signature			

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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Donald J. Trump Calendar Year-To-Date Per Election for Office Sought Donald J. Trump Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary Ger 2016 Other (specify) Other (specify)	R ▼		
Check if 24-hour report			
Check if			
Doyle Printing & Offset Mailing Address 5206 46th Ave City State Zip Code Hyattsville MD 20781 Purpose of Expenditure Magazine article - printing Name of Federal Candidate Donald J. Trump Calendar Year-To-Date Per Election for Office Sought Double Printing & Disbursement For: Primary Ger 2016 Other (specify) ▶	Y		
Mailing Address 5206 46th Ave City State Zip Code 100.25th Hyattsville MD 20781 Purpose of Expenditure Magazine article - printing Name of Federal Candidate Support Donald J. Trump Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary Ger 2016 Other (specify) Other	on		
City State Zip Code Hyattsville MD 20781 Transaction ID: D630889 Date of Disbursement or Obligation Purpose of Expenditure Magazine article - printing Name of Federal Candidate Donald J. Trump Calendar Year-To-Date Per Election for Office Sought Amount 100.28 Transaction ID: D630889 Date of Disbursement or Obligation Office Sought: House District: Oppose President Senate State: Disbursement For: Primary Ger 2016 Other (specify) ▶ Other (specify) ▶	Y		
Hyattsville MD 20781 Transaction ID: D630889 Date of Disbursement or Obligation Purpose of Expenditure Magazine article - printing Category/ Type Office Sought: House District:			
Hyattsville MD 20781 Transaction ID: D630889 Date of Disbursement or Obligation Purpose of Expenditure Magazine article - printing Category/ Type Office Sought: House District: Category/ Donald J. Trump Calendar Year-To-Date Per Election for Office Sought Agreement For: Primary Ger 2016 Other (specify) ▶			
Purpose of Expenditure Magazine article - printing Category/ Type			
Donald J. Trump Support Office Sought Fresident Senate State:	Y		
Donald J. Trump Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary Ger 2016 Other (specify) ▶	00		
Per Election for Office Sought 42009.85 2016 Other (specify) ▶			
	eral		
Full Name of Payee ColorTree Printing Date of Public Distribution/Dissemination M M M ON			
Mailing Address 8000 Villa Park Drive Amount			
City State Zip Code 7.69			
Henrico VA 23228 Transaction ID : D630891 Date of Disbursement or Obligation			
Purpose of Expenditure Magazine article - printing Category/ Type Category/ Type Mo8 O1 O2016	Y		
Name of Federal Candidate Support Office Sought: House District:	00		
Hillary Rodham Clinton Oppose President Senate State:			
Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary 2016 Other (specify) ▶	neral		
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mr. James Rinefierd [Electronically Filed] Date 08 16 2016			
Signature			

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OF

Schedule E) PAGE 4 OF 9 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼				
Human Rights Campaign Equality Votes			C	C00508440
Check if 24-hour report X 48-hour report	New report	Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of P	ublic Distribution/Dissemination
ColorTree Printing			M 08	/ DD / YTY Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8000 Villa Park Drive			Amount	
City	te Zip Co	de		23.06
Henrico V	A 23228			on ID: D630892 hisbursement or Obligation
Purpose of Expenditure Magazine article - printing	Categ	ory/ ype	08	01 2016
Name of Federal Candidate		Support	Office Sought:	House District:00
Donald J. Trump		X Oppose	Y President	Senate State:
Calendar Year-To-Date Per Election for Office Sought	4200	9.85	Disbursement Fo	or: Primary X General · (specify) ▶
Full Name of Payee			Date of P	Public Distribution/Dissemination
Human Rights Campaign			08	01 2016
Mailing Address 1640 Rhode Island Ave NW			Amount	
City Sta	ate Zip Co	de		133.40
Washington D	C 20036			on ID: D630893 Disbursement or Obligation
Purpose of Expenditure Magazine article - postage	Categ	ory/ ype	M 08	01 / 2016
Name of Federal Candidate		Support	Office Sought:	House District: 00
Hillary Rodham Clinton		Oppose	X President	Senate State:
Calendar Year-To-Date Per Election for Office Sought	4200	9.85	Disbursement For 2016 Other	or:
(a) SUBTOTAL of Itemized Independent Expenditures				156.46
(a) CODITO IN E OF NOTIFICATION EXPONENTIAL EXPONENTIA				130.40
(b) SUBTOTAL of Unitemized Independent Expenditures			·· •	4 4 4
(c) TOTAL Independent Expenditures			·· •	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Mr. James Rinefierd Signature	[Electronically Fi	led] Date		16 2016
9				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	meduic L)	FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Н	uman Rights Campaign Equality Votes	C C00508440	
Ch	eck if 24-hour report X 48-hour report New report Amends report file	ed on Man / Dad / Yayayay	
П	Full Name of Payee	Date of Public Distribution/Dissemination	
	Human Rights Campaign	08 01 2016	
	Mailing Address 1640 Rhode Island Ave NW	Amount	
	City State Zip Code	400.20	
	Washington DC 20036	Transaction ID : D630894 Date of Disbursement or Obligation	
	Purpose of Expenditure Magazine article - postage Category/ Type	08 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Name of Federal Candidate Support Offi	ce Sought: House District: 00	
	Donald I Trump	President Senate State:	
	Calcitadi Tedi 10 Bate	bursement For: Primary K General	
	Per Election for Office Sought 42009.85 201	6 Other (specify) ▶	
	Full Name of Payee Human Rights Campaign	Date of Public Distribution/Dissemination	
		08 / 01 / 2016	
	Mailing Address 1640 Rhode Island Ave NW	Amount	
	City State Zip Code	351.46	
	Washington DC 20036	Transaction ID : D630897 Date of Disbursement or Obligation	
	Purpose of Expenditure Magazine article - staff time Category/ Type	M 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Name of Federal Candidate Support Offi	ce Sought: House District:00	
	Hillary Rodham Clinton Oppose	President Senate State:	
	Calendar Year-To-Date Per Election for Office Sought Dis 20'	bursement For: Primary General Other (specify) ▶	
_		Other (specify)	
	(a) SUBTOTAL of Itemized Independent Expenditures	751.66	
(b) SUBTOTAL of Unitemized Independent Expenditures			
	(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
	Mr. James Rinefierd [Electronically Filed] Date	08 16 2016	
	Signature		

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OF

Schedule E) PAGE 6 OF 9 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full) Human Rights Campaign Equality Votes FEC IDENTIFICATION NUMBER ▼				
fullian Rights Campaign Equality Votes	C C00508440			
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y			
	Public Distribution/Dissemination			
Human Rights Campaign				
Mailing Address 1640 Rhode Island Ave NW Amount				
City State Zip Code	291.49			
	ction ID : D630898 Disbursement or Obligation			
Purpose of Expenditure Magazine article - staff time Category/ Type Ox				
Name of Federal Candidate Support Office Sought:	House District:00			
Donald J. Trump Oppose President	Senate State:			
Calendar Year-To-Date Per Election for Office Sought Disbursement F 2016 Othe	For: Primary			
Full Name of Payee Human Rights Campaign	Public Distribution/Dissemination			
	M / D D / Y Y Y Y			
Mailing Address 1640 Rhode Island Ave NW Amount				
City State Zip Code	459.70			
	ion ID : D630919 Disbursement or Obligation			
Purpose of Expenditure Text Messages Category/ Type 08				
Name of Federal Candidate Support Office Sought:	House District: 00			
Hillary Rodham Clinton Oppose President	t Senate State:			
Calendar Year-To-Date Per Election for Office Sought Disbursement F 2016 Other	For: Primary			
(a) SUBTOTAL of Itemized Independent Expenditures	751.19			
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 1 7 1 1 7			
(c) TOTAL Independent Expenditures	7 1 7 1 7			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Mr. James Rinefierd [Electronically Filed] Date Signature Date D	16 2016			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

PAGE OF FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ **Human Rights Campaign Equality Votes** C00508440 Check if 24-hour report X 48-hour report X New report Amends report filed on Full Name of Payee Date of Public Distribution/Dissemination Human Rights Campaign Mailing Address 1640 Rhode Island Ave NW Amount State Zip Code City 459.70 DC 20036 Transaction ID: D630920 Washington Date of Disbursement or Obligation Purpose of Expenditure Category/ **Text Messages** 80 01 2016 Type Name of Federal Candidate 00 Support Office Sought: House District: Donald J. Trump Oppose President Senate State: ✓ General Disbursement For: Primary Calendar Year-To-Date 2016 42009.85 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination **Associated Press** Mailing Address 450 W 33rd St Amount City State Zip Code 250.00 NY 10001-2603 Transaction ID: D631997 New York Date of Disbursement or Obligation Purpose of Expenditure Category/ Magazine article - photo 2016 80 01 Type Name of Federal Candidate X Support Office Sought: House District: Hillary Rodham Clinton Oppose President Senate State: X General Disbursement For: Primary Calendar Year-To-Date 2016 42009.85 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 709.70 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Mr. James Rinefierd [Electronically Filed] 08 16 2016 Date Signature

PAGE 8 OF 9 FOR SE OF FORM 24/48			
AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼	
Human Rights Campaign Equality Votes		C C00508440	
		M = M / D = D / Y = Y = Y	
heck if 24-hour report X 48-hour report New report	Amends report filed or	n	
Full Name of Payee Associated Press	I	Date of Public Distribution/Dissemination	
		M M / D D / Y Y Y Y	
Mailing Address 450 W 33rd St	,	Amount	
City State Zi	p Code	250.00	
	0001-2603	Transaction ID : D631998 Date of Disbursement or Obligation	
Purpose of Expenditure Magazine article - photo	Category/ Type	Date of Disbursement of Obligation M M O O O O O O O O O O O O O O O O O	
Name of Federal Candidate			
Donald J. Trump	Support Office S Oppose		
		President Senate State: ement For: Primary Seneral	
Calendar Year-To-Date Per Election for Office Sought	42009.85 Disburs 2016	Other (specify)	
Full Name of Payee		Date of Public Distribution/Dissemination	
Human Rights Campaign		08 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1640 Rhode Island Ave NW		Amount	
City State Zi	ip Code	1244.70	
Washington DC 2		ransaction ID : D631995 Date of Disbursement or Obligation	
Purpose of Expenditure Online advocacy - staff time	Category/ Type	08 / 15 / 2016	
Name of Federal Candidate	X Support Office S	Sought: House District: 00	
Hillary Rodham Clinton	Oppose X F	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought	42009.85 Disburs 2016	sement For: Primary X General Other (specify) ▶	
		Other (specify) -	
(a) SUBTOTAL of Itemized Independent Expenditures	······	1494.70	
(b) SUBTOTAL of Unitemized Independent Expenditures	······································		
(c) TOTAL Independent Expenditures	······		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mr. James Rinefierd [Electronical	lly Filed] Date 08	16 2016	
Signature			

PAGE 9 OF 9 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼			
Human Rights Campaign Equality Votes	C C00508440		
Check if 24-hour report X 48-hour report New report Amends report filed on			
	ate of Public Distribution/Dissemination		
Human Rights Campaign	08 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1640 Rhode Island Ave NW Ar	mount		
City State Zip Code	4978.80		
Washington DC 20036 Tr	ransaction ID : D631996 ate of Disbursement or Obligation		
Purpose of Expenditure Online advocacy - staff time Category/ Type	08 15 Y 2016		
Name of Federal Candidate Support Office So	ought: House District: 00		
Donald J. Trump Oppose Pre			
Calendar Year-To-Date Per Election for Office Sought Disburses 2016	ment For:		
Full Name of Payee	ate of Public Distribution/Dissemination		
Mailing Address	M M / D D / Y Y Y Y		
	mount		
City State Zip Code			
	ate of Disbursement or Obligation		
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y		
Name of Federal Candidate Support Office Sc	ought: House District:		
Oppose Pre	esident Senate State:		
Calendar Year-To-Date Per Election for Office Sought Disburse	ment For: Primary General		
	Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	4978.80		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	13081.32		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mr. James Rinefierd [Electronically Filed] Date 08	16 2016		
-			